## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09758143

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			/⁄₂ minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<b>%</b> minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ļ	TOTAL		OR	TOTAL	7/0-~
CLAIMS AS AMENDED - PAR						(Caluman 0)		SMALL E	NTITY	OR	OTHER SMALL I	
	**************************************	(Column 1) CLAIMS	14 MA 4 4	(Colui		(Column 3)	l	SWALL	ADDI-	) 	OMALL	ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	T CLAIM			+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column								ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		1	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=	i	OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIN		]	7,10-		OR	<u> </u>	
+135=										OR	+270=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		imber Previously F nber Previously Pa					er fo	und in the ap	propriate bo	x in co	olumn 1.	